

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10-031,864	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		2		1			55
6		1		1			56
7		10		1			57
8		1		1			58
9		1		1			59
10		1		1			60
11		1		1			61
12		1		1			62
13		1		1			63
14		1		1			64
15		1		1			65
16		1		1			66
17			1	1			67
18				1			68
19				1			69
20				1			70
21				1			71
22				1			72
23				1			73
24				1			74
25				1			75
26				1			76
27				1			77
28				1			78
29				1			79
30				1			80
31				1			81
32				1			82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1		2				TOTAL IND.
TOTAL DEP.	15		28				TOTAL DEP.
TOTAL CLAIMS	16		30				TOTAL CLAIMS